CANDIDATE'S ELECTION DAY EXPENDITURES REPORT

L	(to be fined by a candidate or his principal campa	gn committee)	
This report is required to be filed by all ce expenditures were made. The report is general election if the candidate participat committee (1) for advertising that is bro organizations for election day activities in Therefore, the expenditures reported on this	due not later than 10 days after the primals in the general election. This form is unadeast or published on election day. (2) support of the candidate. NOTE: This reg	ery election, and, again, not later that sed to report payments by the candi- for the services of election day woll out is required in addition to all other	n 10 days after the date or his political rkers, and (3) to er required reports.
Hand deliver or mail to: CAMPAIGN	FINANCE, 8401 United Plaza Blvd.	Suite 200, Baton Rouge, LA 70	809-7017
1. Questying Name and Address of Candidate Eddic Scott F.O. Box 7119 New Orleans, LA. 70127	2. Office Sought (include the of office as we as parish, city, born and/or alcolion district.) Stale Representative District (*) Oxleans Parish New Orleans,	OFFICE USE OF E DE 49 10/97 11/2 Missing numbered page blank and had no inform	937955
3. Name and address of principal campaign comm (Applicable only if candidate has a principal campaign comm A/A 4. Date of Electron D.C.F., 23, 15	ittes	on them.	None Service S
Primary General	(Check one)	-	3
5. Total Expenditures by Category a. Television Advertising (Schedule / b. Radio Advertising (Schedule / c. Newspaper Advertising (Schedule / d. Services of Election Day Wort a. Payments to Organizations to For any category in which no election day expenditution this report.	A) diple A) kers (Schedule B) r Election Day Activities/Gervices (Schedule C)	6 G, 905	-
5. a Name of Person Preparing Report Qu	arryl Warner, Sr.		
5. Daylime Telephone \$10.41 P.31. 7. WE HEREBY CERTIFY that the Information con and that no election day expensiones have been refinance Disclosure Act has be deliberately omitted. This 2 day of November Edda: South Signature of Candidate/Chairperson (To report by principal campaign commun.)	inde that have not been reported herein, and that i	rue and correct to the best of our knowledge, to information required to be reported by the companion of the	Information and belief, a Louislana Campaign
Signature of Treaserer		Daytime Telephone Number	

Daytime Telephone Number

The following information must be provided for each individual to whom an expenditure was made for services performed on election day. Also, the information must be provided for each individual performing services on election day to whom a monetary expenditure was made by an organization to which a payment was made by the candidate completing this report. Such an organization is required by law to furnish this information to the candidate completing this report.

1. Name and Address of Recipieral	2. Social Security Number	3. Amount Paid	4. Organization Making Payment (II applicable)
ANTONNE DAMEND	436 - 29 - 3410	50.44	
Gregory Andrews	434-96-3551	50.%	
CAlvin Huston	437-69-9314	50."	26. 175
Robert Sinte	511-78-57-12	50.%	ek.
		8	
Zerrow Neally	433-19- 1866	50.00	
Corey Barnes	435-29-8313	Sar4	
Norman Sande Cruz	434-33-7117	50.00	
Wilbert Thomas,	434-47-1632	50,00	

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2. Social Security Number	3. Amount Paid	 Organization Meking Payment (H applicable)
434-31-3030	50.00	
433-80-1014	75.00	
438-76-6939	50.02	
438-70-9810	50.**	
433-54-4252	100	
	fou.or	
435-51- 6036	50.14	
433-72-8959	50.04	99 AST
	438-70-9870 438-70-9870 438-54-4252	434-31-3030 50.00 438-76-6939 50.00 438-76-9870 50.00 438-56-9252 180.00

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1. Name and Address of Recipient	2. Social Security Number	3. Amount Paid	4. Organization Making Payment (if applicable)
Amelia Richardson	434-74-3308	50.4	
Debrat Jones	439-29-3915	50.4	
Tangle Williams	437-55-1089	50.**	
Troy ANN Johnson	438-31-7711	50.04	<u> </u>
Tiffany Washington	435.57.4891	5'0≈	
Navika Dennis		So."	-
Lorenzo Prive		50.4	
ANNE DENNIS		50,94	
104, Rev. 3/88, Page Rev. 3/88			

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2. Social Security Number	3. Amount Paid	4. Organization Making Payment (if applicable)
	50.00	
	50.00	700 See 200 Hill
	50,**	
	50.00	Cult-1008037
	50. ¹⁰	
	50.41	
	50.4	
	50.0	
		50.00 50.00 50.00 50.00 50.00

Form 104, Rev. 3/98, Pago Rov. 3/98

	(C)
SCHEDULE B:	ECTION DAY WORKERS

1. Name and Address of Recipient	2. Social Security Number	3. Amount Paid	Organization Making Payment (if applicable)
Marlon Parker		50.00	A share is abjurement
Sha kare Powe		50.00	
Raymond Yourg	1000 000	50,A	
Henry DADON II	431-54-2454	50.00	
Gertrude Jyles	438-02-4984	56.4	- 2460 - 3860 8876 - 80
VORVELL SMITH	437-17-1222	50.60	20 Tab
STANLLY MARCELIN	434-10.2092	50.0	
PATRICK WASHINGTON	549 - 17-4071	50.00	· · · · · · · · · · · · · · · · · · ·
n 104, Rev. 3/96, Page Rev. 3/98		39	

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1. Name and Address of Recipient	2. Social Security Number	3. Amount Paid	4. Organization Making Payment (if applicable)
Deborah Martin	439-22-1874	50.44	
ANN PICARD	438-11-2333	50.**	
CAlvin Adems	4 38 · 76- 6378	50.°	
Bobbie Kelly	437-28-6421	50.∾	
Patricia Androws	436-15.0003	50.00	
Give Martin		100.00	
Molvin Ree	435-11- 2032	\$6.5	
Peter Adams	438-55-76/3	50.00	

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2. Social Security Number	3. Amount Pald	4. Organization Making Payment (if applicable)
435-23-350	50.00	
439-74-0125	·70.*c	A PANAL
433.33.8362	50.00	,
44F. 23.8445	70.00	****
439-08-3216	50.5	•
438-64-4066	50*	
438-04-8426	5 o.c.	
436-25-8172	50.0v	
	439-74-0125 439-74-0125 439-74-0125 439-01-3216 438-64-4066	436-23-3517 50.66 439-74-0125 70.66 433-33-8212 50.66 449, 23.9445 70.60 438-08-3214 50.66 438-04-8424 50.66

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2. Social Becurity Number	3. Amount Paid	Organization Misking Payment (if applicable)
436 - 25- 8407	50.00	
434 - 12 - 1520	50,**	100 100 100 100 100 100 100 100 100 100
437- 84-2744	50.40	7000 (0.000)
375-72-6731	50.4	2/5/2 5:50 52 50
439-74-0125	20.50	
448-23-8495	20,00	
	50.00	
434-53-7746	50.00	
	434 - 25 - 8407 434 - 12 - 1520 437 - 84 - 2744 375 - 72 - 6731 439 - 74 - 0125	436 - 25 - 8407 50.00 434 - 72 - 1570 50.00 437 - 84 - 2744 50.00 439 - 74 - 0125 20.00 448 - 23 - 8495 20.00

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1. Name and Address of Recipient	2. Social Security Number	3. Amount Paid	4. Organization Making Payment (if applicable)
Anstra Scott	437-43-3157	50.4	
Cynthia Scutt	436-13.0519	50,50	
Floyd Loxis	436-65-5484	50.∾	
Wesley Mn#hews	438-61-0167	50.50	Mal Appear
Roberto Berrefield	433-61-8604	50	
-A-Sirve Haynes	434-55-8683	50	
Deunker Clark	437-29.8012	50.4	
Katrice Clark	434-27-0260	50.°v	

2. Social Security Number	3. Amount Peld	4. Organization Maldage Payment (if applicable
	100.00	
437-74.6741	50.00	
438-53-1690	5u,"	7 <u>-3</u> -
437 - 17 - 8262	50.°°	
434-63-1602	50.5	a in
436 53 6882	50.00	
438-23.0073	50.**	
434 - 15 - 4285	50."	
	437-74-6741 438-53-1602 438-53-6882 438-53-6882	437-74-6741 So. e. 438-53-869 So. e. 438-53-6887 So. e. 438-53-6887 So. e. 438-53-6887 So. e.

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1. Name and Address of Recipient	2. Social Security Number	3. Amount Pald	4. Organization Making Payment (if applicable)
Slyvester White	434-49-7966	50.**	
Giroa white	439-59-7469	50.9	
Richard Scott	419-19-9964	50.00	
Treva Forbes	H37-47-4315	50.50	A 550
	W	Q	
Michela Wills	436.69.2270	50.fv	
LA Juan Me Williams	438-35-5837	50.0	
Harrol Streety	435-29.7308	50. ¹⁸	00 00 00 00 00 00 00 00 00 00 00 00 00
Irene Francies	437 - 11 . 3586	50.~	
rm 104, Rev. 1/98. Page Rev. 1/96			

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2. Social Security Number	J. Amount Pald	 Organization Making Payment (if applicable)
435-27.9941	50.4c	
427-37.5549	50.∾	
438-61-7359	5a,~	*.
275. 46-6658	50,11	635
487-61-6454	50.00	
436-51-3492	50.°	
434.45.6729	S∠®•	
434-54.5179	50.~	
	435-27-9941 435-27-9941 437-37-5549 437-61-6454 436-51-3492	435-27-9941 50.00 437-37-5549 50.00 437-61-6454 50.00

1. Name and Address of Recipient	2. Social Security Number	3. Amount Paid	Organization Making Payment (if applicable)
MARVIN HARRIS	434.48.0634	50.00	und
ADRIAN CAMBLIDGE	436-39-2239	504	
Lievell Collins	437.45-5061.	50.40	
Christopher Bondreaus		50.**	
Allen Herris	436-473718	50.00	
Donald Miller	434. 45.7905	50°°	***
Kerry. Battaste	1734 - 34 439-04-385l	50."	
TRAY BAKER	434-54-517 9 439-47-6628	50 ~	

2. Social Security Number	3. Amount Paid	4. Organization Making Payment (if applicable)
437.65.2046	.50.°r	- 8.5 - 60
439-71.8216.	50,∾	
434.29.3668	50.**	
435-11. 2032 *	50.∾	V 11
Control of	100.00	
438.02.4761	50°	
13 9 . 0	5.0.**	2 365 2 2003 2
434-54.5719 435-33-2462	50.°V	
	439-71-8216 439-71-8216 436-11-2032	437. 65. 2040 50.00 439. 71. 8216 50.00 436. 29.3468 50.00 438. 02. 4767. 50.00 439. 02. 4767. 50.00

1. Name and Address of Recipient	2. Social Security Number	3. Amount Paid	4. Organization Malding Payment (if applicable)
DONALD STREPING	438-23-4840	50.4	
Merlin Benefish	437. 63. 6909	50.00	
Gail Scott	435.04.7486	50.∞	
Jenell Benefield "		50,4-	76 - 188 4
LAznar Aloxis	439-75-9446	50.00	
Crystal Robinson		50."	
Formie Robinson	434-55.7142	50.*	
Paula Elliot	4134-54.51 19 292-68.1541		2 10 10 2028 2007/4

2. Social Security Number	3. Amount Paid	 Organization Making Payment (il applicable)
437.84-2693	Şo	
385 . 58. 4492	50.00	
533.70.2529	50.00	
433. 42. 0974	50.10	
11-1-11-1	50,∾	hs.
2	5.0°	
438-37-441	50.00	
434-54-51 79	50.00	3.00
	432. 42. 0974 432. 42. 0974 432. 43. 0974	13837. 4417 50.00 138837-4417 50.00

2. Social Security Number	3. Amount Paid	4. Organization Making Payment (if applicable)
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198.5 2000 1490.	200:00	
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